

*Scoil Náisiúnta Tighearnáin Naofa*  
**ARDAGH NATIONAL SCHOOL**

**Ballymanagh, Knockanillaun,  
Ballina, Co Mayo F26 DK19**

Roll No: 170980 / Ph: 096-71559 / ardaghnationalschool@gmail.com

**ENROLMENT FORM 2021/2022**

**\*\*\*A copy of your child's birth certificate must accompany form\*\*\***

**PUPIL INFORMATION**

Child's Name/Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Eircode: \_\_\_\_\_

Child's Name in Irish (if known) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's P. P. S. No.: \_\_\_\_\_ Child's Nationality: \_\_\_\_\_

Number of Boys in the family: \_\_\_\_\_ Number of Girls in the family: \_\_\_\_\_

Position in the family: (e.g., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> etc.) \_\_\_\_\_

Playschool Name/Address (if any) \_\_\_\_\_  
\_\_\_\_\_

Religion: \_\_\_\_\_

Parish in which he/she now lives (if known): \_\_\_\_\_

Date/ Place of Baptism (if applicable): \_\_\_\_\_

**PARENTS/GUARDIANS CONTACT DETAILS**

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address (if different from pupil) : Address (if different from pupil) :

\_\_\_\_\_  
\_\_\_\_\_

Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Work No: \_\_\_\_\_ Work No: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

**One** designated Mobile No. \_\_\_\_\_ ('Texts/ Emergency Closures).

**One** designated Email address: \_\_\_\_\_

**Does any legal order under Family Law exist that school should be aware of?**  
(If yes, please provide details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pupils transferring from another national school:**

Previous school name/address/class \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended class \_\_\_\_\_

## HEALTH & SAFETY

**\*\*\*The information in this section is only required for professional reasons and will be treated with strict confidentiality\*\*\***

Family Doctor: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Does your child have any known allergies that the school should be aware of? If yes, please provide details:

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Has your child ever had any type of assessment? (e.g. Speech Therapy, Psychology, Occupational Therapy)? Please tick applicable box: **Yes**  **No**

(If yes, please give details):

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### **Accident:**

If your child has an accident during school hours which in the opinion of the school authorities would necessitate medical attention, the policy of this school is:

(a) Your child be seen by any available doctor  
or

(b) Your child be sent to Accident and Emergency.

Please indicate agreement: Signed: \_\_\_\_\_ (Parent/Guardian)

### **Medicines:**

In order to safeguard the health and safety of all pupils in Ardagh N. S., it is our policy that class teachers must be made aware in writing of any prescribed or non-prescribed medicines and/or inhalers being used by pupils during school hours.

These medicines need to be kept in a secure place, under teacher supervision, while the child is in school.

It is the child's (1<sup>st</sup> to 6<sup>th</sup> Class) own responsibility to remind the teacher to return medicines/inhalers in the evening. It is the responsibility of parents of Infant pupils to ensure that medicines/inhalers are returned home in the evening.

**Illness / School Emergency:**

In the event of illness or a school emergency, if there is no reply to a telephone call to your home and/or mobile, please give the name/telephone number/address of two neighbours, family members or friends who may be contacted:

(1) Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

(2) Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

**HSE**

The school will need to provide the HSE with pupils details (name, address, date of birth) for arrangement of vaccinations/dental visits/etc

Please indicate agreement: Signed: \_\_\_\_\_ (Parent/Guardian)

Does your child have any specific educational needs?

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**Note:** If there is any other information about your child/family which may be relevant to his/her teacher/school, please include it in the space below:

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**Younger Children:**

If you have any younger children whom you intend to enrol in the school in the future, please list names and dates of birth below to assist us in forward planning:

<b>Name</b>	<b><u>Date of birth</u></b>
_____	_____
_____	_____
_____	_____

**Checklist (please tick):**

1. Enrolment form is fully completed/signed
2. Childs Birth Certificate is attached
3. Childs Baptism Certificate is attached (optional)

I/We agree that if any of the information provided in this form changes, I will inform the school immediately in order for pupil records to be updated.

I/We accept a place for my/our child in Ardagh N. S. and agree to abide by the school's policies and rules as outlined in the Code of Behaviour.

Signatures of Parents/Guardians: \_\_\_\_\_  
Parent/Guardian. Parent/Guardian.

Date: \_\_\_\_\_